

10/10/2007

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UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION AND FINANCIAL AFFIDAVIT

FRANCINE YATES
Plaintiff

The John MARShall LAW School
Defendant(s)

08CV4127 JUDGE ASPEN MAGISTRATE JUDGE COX

		tional information. Please PRINT:, declare that I am the Capl	aintiff □petitioner □mov	anț		
ther_) in the above-entitled case. This affidavit constitute	s my application ☐ to proce	eed		
thou -1	t full pre	payment of fees, or in support of my motion for appointmen	t of counsel, or LJ both. I a	iiso • in		
Hare	e that I a	m unable to pay the costs of these proceedings, and that I am operation/motion/appeal. In support of this petition/application	mined to the relief sough	the		
		tions under penalty of perjury:	inottomatipedi, i diamei	LII.		
10	me daas					
	Are yo	u currently incarcerated? □Yes □fo (1f)	'No," go to Question 2)			
	I.D. #_	Name of prison or jail: ' Name of prison or				
	Do you	receive any payment from the institution? □Yes □No Mo	onthly amount:			
	A 40 210	u currently employed? □Yes □No		_ _		
	Month	wedgen or mages: The dates This is a committee	345 way. Junez	77		
	Name and address of employer: Challed final contact that the					
	Are you currently employed? Dies No Monthly salary or wages: 1+ racies. This is a summer sub only. July = 135 Name and address of employer: Converting currection certer 500 NORTH DEARBOLN Street, chicago, It- 60010 (312) 836-0200 x 30					
	a .	If the answer is "No":				
		Date of last employment:				
		Monthly salary or wages:				
		Name and address of last employer:				
	b .	Are you married? □Yes □Vo				
		Spouse's monthly salary or wages:				
	•	Name and address of employer:		 .		
		The state of the s				
		from your income stated above in response to Question 2, in the				
1		on Te se living at the same residence received more than \$20				
		s? Mark an X in either "Yes" or "No", and then check all boxe	s that apply in each catego	ory.		
		2008				
٨١	10 1 11	Official Covages	□Yes D			

MICHAEL W. DOSBINS CLERK, U.S. DISTRICT COURT

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by	□Yes	≱ √10			
	c. ☐ Rent payments, ☐ interest or ☐ dividends Amount Received by	∐Yes				
	d. □ Pensions, □ social security, □ annuities, □ life insurance compensation, □ unemployment, □ welfare, □ alimony or manager and the security of the compensation of the security of the sec	ce, □ disability aintenance or □ □Yes	child suppor			
	AmountReceived by		→ 40			
	e. C) Gifts or □ inheritances AmountReceived by	□Ves	146			
	f. □Any other sources (state source:	Yes	r } w∕₀			
4.	Do you or anyone clse living at the same residence have more than savings accounts? □Yes PNo Total In whose name held: Relationship to you:	\$200 in cash of amount;	r checking or			
5.	Do you or anyone else living at the same residence own any stock financial instruments? Property: In whose name held: Relationship to you:	じつひゃっ				
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: In whose name held: Amount of monthly mortgage or loan payments: Name of person making payments:	□Yes	1			
7.	Name of person making payments: Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?					
	Property: Current value: In whose name held: Relationship to you	<u></u>) 			
8.	List the persons who are dependent on you for support, state your relatindicate how much you contribute monthly to their support. If none, or	ationship to eac check here	h person and dependents			

I declare under penalty of perjury that the above in to 28 U.S.C. § 1915(e)(2)(A), the court shall dismallegation of poverty is untrue.		
Date:7/21/03	Grane	ne Mates
	Signature of Ap	ne pates plicant / CINE PARES
	(Print Name)	
NOTICE TO PRISONERS: A prisoner must institutional officer or officers showing all receip in the prisoner's prison or jail trust fund accounts. covering a full six months before you have filed you in your own accountprepared by each institution periodand you must also have the Certificate below.	ts, expenditures and balances du Because the law requires inform our lawsuit, you must attach a sho n where you have been in custoo	uring the last six months ation as to such accounts eet covering transactions by during that six-ments
(Incarcerate	TIFICATE ed applicants only) e institution of incarceration)	
I certify that the applicant named herein,	, l.D.#	, has the sum o
\$ on account to his/her credit at ((name of institution)	
I further certify that the applicant has the following	g securities to his/her credit:	I furthe
certify that during the past six months the applica-	ant's average monthly deposit w	/as \$
(Add all deposits from all sources and then divide	by number of months).	
DATE	SIGNATURE OF AUTHORI	ZED OFFICER

rev. 10/10/2007

(Print name)